

TRAINING PROVIDER CERTIFICATION APPLICATION

Missouri Department of Health and Senior Services

Onsite Sewage Program

Please type or print legibly

-- See reverse for instructions and a list of information needed

TRAINING PROVIDER INFORMATION

NAME OF AGENCY/ORGANIZATION

MAILING ADDRESS (STREET)

CITY

STATE

ZIP CODE

CONTACT NAME(S)

TELEPHONE #

FAX#

E-MAIL ADDRESS

NAME OF TRAINING COURSE OR CONFERENCE

INTENDED AUDIENCE FOR COURSE OR CONFERENCE

☐ Installers ☐ Percolation Testers ☐ Soil Evaluators ☐ Inspectors ☐ Other(s) _____

LIST ADDRESS(ES) OF EACH LOCATION AT WHICH TRAINING WILL TAKE PLACE (ATTACH ADDITIONAL SHEETS IF NEEDED)

NAME OF TRAINING MANAGER OR PRINCIPAL INSTRUCTOR

MAILING ADDRESS (STREET)

CITY

STATE

ZIP CODE

TELEPHONE #

FAX#

E-MAIL ADDRESS

☐ **New Application**

☐ **Renewal Application**

☐ Check this box if you prefer **NOT** to have your training course(s) published on the CEU webpage.

THIS APPLICATION WILL NOT BE ACCEPTED IF SIGNATURE IS OMITTED

I hereby certify that the information included in this application, and any supplemental information attached to it, is true and accurate to the best of my knowledge and understanding.

SIGNATURE (TRAINING MANAGER OR PRINCIPAL INSTRUCTOR)

DATE

INSTRUCTIONS AND GENERAL INFORMATION

A complete application includes (please check off):

- ☐ The completed ***Training Provider Certification Application***
- ☐ A copy of student manual(s) and handouts
- ☐ A description of the facilities, equipment, list of all audio/visual materials to be used such as overhead slides, videotapes, sample products and scripts presented, and activities to be used for demonstration or hands-on training
- ☐ Course/conference agenda
- ☐ Submit detailed education and work history, including dates (month and year) for each instructor
- ☐ Copy of course examination (if any)
- ☐ A sample copy of the course/conference certificate

INCOMPLETE APPLICATIONS WILL DELAY PROCESSING AND APPROVAL

Please submit a separate **complete application** for each course.

Mail **completed application** to:

**Missouri Department of Health and Senior Services
Onsite Sewage Program
P.O. Box 570
Jefferson City, MO 65102-0570**

TRAINER PROVIDER REQUIREMENTS

- Notify DHSS of changes in instructors or course/conference agenda
- Notify DHSS as new training courses are scheduled
- Training providers should mail a list of attendees, who complete a course to the above address (or fax (573) 526-7377), within one week of training course.

REGISTRATION TRAINING PROVIDERS

- Installer registration training providers should provide training comparable to the DHSS basic and/or advanced installer course(s) based on the DHSS Installer Manual to prepare trainees for taking for the DHSS installer test(s).
- Onsite agency staff should be actively engaged in the agency's onsite program, performing application reviews, and onsite system construction inspections, etc., and be familiar with the state OWTS minimum standards.
- Staff of other organizations should have a teaching certificate or credentials from an appropriate educational accreditation agency and be able to demonstrate adequate familiarity and understanding of the subject matter on a test and/or by presenting a sample presentation for DHSS reviewers.
- Instructors for soil presentations should have education and experience comparable to DHSS requirements for onsite soil evaluators and be able to demonstrate adequate familiarity and understanding of the subject matter on a test and/or by presenting a sample presentation for DHSS reviewers.

CEU TRAINING PROVIDERS

- CEU training providers should submit all application information to DHSS for review 60 days before sessions are scheduled.
- CEU training should be educational presentations (not sales), should be related to OWTS and/or private water systems that would benefit DHSS registered/licensed onsite wastewater professionals.